ARIZONA STATE BOARD OF HEALTH

	173
TIPPIT A	E BOARD OF HEALTH OF VITAL STATISTICS State File No
STANDARD (CERTIFICATE OF BIRTH Registered No. 9 7 7
17: la .	
County State ARIZONA	
District or Township Central Keight or Village	
City MIAMI.	
2. Full name of child Richard Souron	in a hospital or institution, give its NAME instead of street and number) St., Ward In a hospital or institution, give its NAME instead of street and number) If child is not yet named, make Supplemental report, as directed.
:. Sex of Child To be answered ONLY) 4. Twin, triplet of	r other 6. Legitimate 1 7. Date
male in event of plural 5. No., in order	of birth 1000 21 1930
8. FATHER	MOTHER
Full name William Charles Cale	
9. Residence (Usual place of abode) MAMI, AR!70NF	15. Residence (Usual place of abode) MIAMI. ARIZONA
If non-resident, give place and state.	If non-resident, give place and state.
10. Color or race	16. Color or race
White 11. Age at last birthday (Ye.	ars) white 17. Age at last birthday 26 (Years)
12. Birthplace (city or place)	18. Birthplace (city or place)
(State or country) Lermany	(State or country) Municata
13. Occupation Machinist	19. Occupation
Nature of Industry	Nature of Industry
Nature of Industry Copper yourse	
(Taken as of time of birth of child herein (b) Born	alive and now living
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE * 15 9 m on the date above stand	
I hereby certify that I attended the birth of this child, who	was aline at 12-1 m on the date above stated.
*When there was no attending physician or midwife, then the father, householder, Signature	(Born alive & statborn) Trimmelin
etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.	F. 7. MILLER, M. D.
liven name added from	(Physician or midwife.)
Month, day, year	
Filed aul 1931 Le. 6 min	
Registrar. Registrar.	
935-1221-484	V